

## GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

*A Partnership between the Office of the State Treasurer, the Nevada System of Higher Education and Sierra Nevada College*

### Millennium Students with Documented Disabilities Form

#### Title 4, Chapter 18

This form may be used by Millennium Scholarship students enrolled in a degree or certificate program at an eligible institution who are requesting to enroll with Millennium Scholarship support in fewer than the minimum semester credit hours or an extension of the expiration date for funding. As stated in the NSHE Millennium Scholarship Policy and Procedures of the Board of Regents:

**18.9 ... Students who have documented physical or mental disabilities or who were previously subject to an individual education program under the Individual with Disabilities with Education Act, 20 U.S.C. §§ 1400 et seq., or plan under Title V of the Rehabilitation Act of 1973, 29 U.S.C. §§ 791 et. seq. are to be determined by the institution to be exempt from the following Millennium Scholarship eligibility criteria:**

- a. application limitation following high school graduation set forth in section 18.1.3;
- b. minimum semester credit hour enrollment levels set forth in section 18.5 and 18.13©;  
and
- c. time limits for expending funds set forth in sections 18.6.2 and 18.6.3

#### STUDENT SECTION:

##### Instructions

**Step 1:** Complete this form with the Student Disabilities Officer of your institution. You must **recertify** with the Student Disabilities Office each semester.

**Step 2:** Submit this form to the Financial Aid Office of your institution.

**Step 3:** The Financial Aid Office at the institution will submit this form and required documentation to the Millennium Scholarship Program at the Office of the State Treasurer. Once approved, the Financial Aid Office of your institution will make payment from your scholarship for the coursework at that institution.

Name of Institution \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

SSN# \_\_\_\_\_ Millennium Scholarship ID # \_\_\_\_\_

Semester and Year of Request \_\_\_\_\_

If approved, I understand that I will be paid my Millennium Scholarship for the number of approve credits at this campus at the appropriate per credit amount.

- I must satisfactorily earn credit for all course work funded and approved on the "Documented Disabilities" form.
- I must maintain a cumulative 2.0 GPA if eligible on or before May 1, 2003; maintain a 2.60 semester grade point average each semester during my first year of enrollment (first year is defined as less than 30 credit hours earned) or a 2.75 semester grade point average for each semester thereafter.
- Failure to meet the requirements of this agreement will result in my ineligibility for the scholarship. I must then follow the procedure for reinstatement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### DISABILITY RESOURCE CENTER SECTION:

Semester and Year Approved \_\_\_\_\_ Number of Approved Credits: \_\_\_\_\_

Disability Resource Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

#### For Financial Aid Office Use ONLY:

Approved \_\_\_\_ Yes \_\_\_\_ No If not, state reason \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date copy sent to Treasurer's Office \_\_\_\_\_